



ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
SOLID WASTE BRANCH
14 REILLY ROAD
FRANKFORT, KY 40601

(502) 564-6716

APPLICATION FOR OPERATOR CERTIFICATION DEP 6031 (12/04)

General Instructions

- An **ORIGINAL** signature must be included in the submittal.
- Print in ink or type
- Answer each item completely and accurately – Incomplete answers may cause delays

Application is hereby made for a certificate to: (Check the appropriate blank(s))

☐ Operator
☐ Manager

☐ Landfill
☐ Landfarm
☐ Compost

☐ Special Waste
☐ Solid Waste

If Landfill, include type of landfill. If Landfarm or Compost, include description of waste: _____

1. Name (Last, First, Middle): _____
2. Home Street Address (or PO Box): _____
City, State & Zip: _____
3. Home Phone: (____) _____ Work Phone: (____) _____
4. Date of Birth: _____
5. Are you, or have you ever been, certified in Kentucky to operate the type of facility for which certification is being sought? ____Yes ____No
If yes, indicate Certification Number _____ and Expiration Date _____
6. Have you ever had an operator's certification revoked? ____Yes ____No
7. Are you presently employed by a waste facility? ____Yes ____No
If yes, complete the following:
Name of Facility: _____
Address: _____
City: _____ State: _____ Zip: _____
County: _____ Telephone Number: (____) _____
Facility Type: _____
Permit Number: _____

8. **EDUCATION SECTION**

Grade School: Check highest year completed ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8

Name and Address of School(s): _____

High School: Check highest year completed ____9 ____10 ____11 ____12

Name and Address of School(s): _____

Equivalency Test (GED): ____Yes ____No

College: Completed Years ____ 1 ____ 2 ____ 3 ____ 4
or Number of Semesters _____ or Number of Quarter Hours _____

Name and Address of College(s) or University(ies): _____

Major / Minor: _____

Was a degree earned? ____ Yes ____ No If yes, please include degree: _____

Graduate School: _____ Semester(s) or _____ Quarter hours completed

Name and Location of College or University: _____

Course of Study: _____ Degree Earned (*if applicable*): _____

Special Courses (*correspondence courses, training schools, etc.*):

a. Name of Course: _____

Hours of Training: _____ Date of Completion: _____

Course Description: _____

Name and Location of Training Institution: _____

b. Name of Course: _____

Hours of Training: _____ Date of Completion: _____

Course Description: _____

Name and Location of Training Institution: _____

c. Name of Course: _____

Hours of Training: _____ Date of Completion: _____

Course Description: _____

Name and Location of Training Institution: _____

9. **EMPLOYMENT HISTORY** *(List Most Recent First)*

a. Name of Current Employer: _____

Employed Since *(include month/year)*: _____

Title(s): _____

Description of Duties: _____

b. Name of Employer: _____

Employed From *(include month/year)*: _____ to _____

Title(s): _____

Description of Duties: _____

c. Name of Employer: _____

Employed From *(include month/year)*: _____ to _____

Title(s): _____

Description of Duties: _____

d. Name of Employer: _____

Employed From *(include month/year)*: _____ to _____

Title(s): _____

Description of Duties: _____

I certify that the information given in this application is complete and correct. I am aware that, should an investigation at any time show falsification of records, I will be disqualified from the certification examination. Further, if my certification is obtained through fraud, deceit, or other submission of inaccurate data, my certification will be revoked and I will be ineligible for future recertification.

Signature of Applicant

Date

(Do not write below this line.)

Qualified? ____ Yes ____ No ____ Manager ____ Operator

Facility Name: _____ AI#: _____

Training Received: ____ Manager ____ Operator ____ None

Fee Received: ____ Check ____ Money Order / No. _____ Date Rec'd _____

Certification No. _____ Date Issued: _____